



DARS Substitute W-9 and Direct Deposit Form

Agency Use Only

<input type="checkbox"/> DDS	<input type="checkbox"/> CPCSC	<input type="checkbox"/> AP
<input type="checkbox"/> New Set-up	<input type="checkbox"/> New MC	
<input type="checkbox"/> Other		

Box 1 Legal Name (as shown on your tax return):

Box 2 DBA:

Box 3 Tax Information Mailing Address: **Box 4** Payment Address (if different from Tax Address):

--	--

City:	State:	ZIP:	City:	State:	ZIP:
-------	--------	------	-------	--------	------

Phone: _____ Fax: _____ Email: _____

Box 5 Taxpayer Identification Number: Social Security Number (SSN)
 Employer Identification Number (EIN)
Note: Enter the same number used when filing your tax return.

Box 6 Federal Tax Classification: Business Designation:

<input type="checkbox"/> Texas Corporation	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Government Entity
<input type="checkbox"/> Out-of-State Corporation	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Sole Owner
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Individual Recipient
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other (Please Explain):	

Box 7 Profit Status: Profit Non-Profit

Box 8 Corporation Information: State of Jurisdiction: _____ File or Charter Number: _____

Box 9 Sole Ownership Info: Sole Owner Name and SSN: _____

Box 10 General Partnership Information: Partner 1 Name and SSN/EIN: _____
 Partner 2 Name and SSN/EIN: _____

Box 11 Backup Withholding: Please see IRS Website Exempt from Backup Withholding

Box 12 Certification: Under penalties of perjury, I certify that:
 1) I have provided my correct taxpayer identification number and that
 2) I am not subject to backup withholding as specified on the instruction page for this form and that
 3) I am a US citizen or other US person.

Signature: _____
 Print Preparer's Name: _____
 Phone Number: _____ Date: _____

Box 13 **Direct Deposit Information (Response Required)**

I am currently on Direct Deposit and wish to continue. Sign and date: _____

I decline Direct Deposit at this time. Sign and date: _____

New Set-Up Change in Direct Deposit Information Cancel My Direct Deposit

Financial Institution Name: _____ Type: Checking Savings Mail Code: _____

Financial Institution Routing Number: _____ Account Number: _____

Will these payments be forwarded to a financial institution outside the United States? Yes No

I authorize the Texas Comptroller of Public Accounts to deposit my payments from the State of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error.

I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. For further information on these rules, please contact your financial institution.

Authorized Signature Required: _____

Printed Name Required: _____